

FIRST REGULAR SESSION

SENATE BILL NO. 219

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SATER.

Read 1st time January 28, 2013, and ordered printed.

TERRY L. SPIELER, Secretary.

1225S.011

AN ACT

To repeal section 334.735, RSMo, and to enact in lieu thereof one new section relating to the scope of practice for physician assistants.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 334.735, RSMo, is repealed and one new section
2 enacted in lieu thereof, to be known as section 334.735, to read as follows:

334.735. 1. As used in sections 334.735 to 334.749, the following terms
2 mean:

3 (1) "Applicant", any individual who seeks to become licensed as a
4 physician assistant;

5 (2) "Certification" or "registration", a process by a certifying entity that
6 grants recognition to applicants meeting predetermined qualifications specified
7 by such certifying entity;

8 (3) "Certifying entity", the nongovernmental agency or association which
9 certifies or registers individuals who have completed academic and training
10 requirements;

11 (4) "Department", the department of insurance, financial institutions and
12 professional registration or a designated agency thereof;

13 (5) "License", a document issued to an applicant by the board
14 acknowledging that the applicant is entitled to practice as a physician assistant;

15 (6) "Physician assistant", a person who has graduated from a physician
16 assistant program accredited by the American Medical Association's Committee
17 on Allied Health Education and Accreditation or by its successor agency, who has
18 passed the certifying examination administered by the National Commission on
19 Certification of Physician Assistants and has active certification by the National

EXPLANATION—Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

20 Commission on Certification of Physician Assistants who provides health care
21 services delegated by a licensed physician. A person who has been employed as
22 a physician assistant for three years prior to August 28, 1989, who has passed the
23 National Commission on Certification of Physician Assistants examination, and
24 has active certification of the National Commission on Certification of Physician
25 Assistants;

26 (7) "Recognition", the formal process of becoming a certifying entity as
27 required by the provisions of sections 334.735 to 334.749;

28 (8) "Supervision", control exercised over a physician assistant working
29 [within the same facility as the] **with a supervising physician [sixty-six percent**
30 **of the time a physician assistant provides patient care, except a physician**
31 **assistant may make follow-up patient examinations in hospitals, nursing homes,**
32 **patient homes, and correctional facilities, each such examination being reviewed,**
33 **approved and signed by the supervising physician, except as provided by**
34 **subsection 2 of this section. For the purposes of this section, the percentage of**
35 **time a physician assistant provides patient care with the supervising physician**
36 **on-site shall be measured each calendar quarter] and oversight of the**
37 **activities of and accepting responsibility for the physician assistant's**
38 **delivery of care. The physician assistant shall only practice at a**
39 **location where the supervising physician routinely provides patient**
40 **care, including existing patients of the supervising physician in the**
41 **patient's home and correctional facilities. The supervising physician must**
42 **be [readily] immediately available in person or via telecommunication during**
43 **the time the physician assistant is providing patient care. Prior to**
44 **commencing practice, the supervising physician and physician assistant**
45 **shall attest on a form provided by the board that the physician shall**
46 **provide supervision appropriate to the physician assistant's training**
47 **and that the physician assistant shall not practice beyond the physician**
48 **assistant's training and experience. Appropriate supervision shall**
49 **require the supervising physician to be working within the same**
50 **facility as the physician assistant for at least four hours within one**
51 **calendar day for every fourteen days on which the physician assistant**
52 **provides patient care as described in subsection 3 of this section. Only**
53 **days in which the physician assistant provides patient care as**
54 **described in subsection 3 of this section shall be counted toward the**
55 **fourteen day period. The requirement of appropriate supervision shall**

56 **be applied so that no more than thirteen calendar days in which a**
57 **physician assistant provides patient care shall pass between the**
58 **physician's four hours working within the same facility.** The board shall
59 promulgate rules pursuant to chapter 536 for documentation of joint review of the
60 physician assistant activity by the supervising physician and the physician
61 assistant. [The physician assistant shall be limited to practice at locations where
62 the supervising physician is no further than thirty miles by road using the most
63 direct route available, or in any other fashion so distanced as to create an
64 impediment to effective intervention and supervision of patient care or adequate
65 review of services. Any other provisions of this chapter notwithstanding, for up
66 to ninety days following the effective date of rules promulgated by the board to
67 establish the waiver process under subsection 2 of this section, any physician
68 assistant practicing in a health professional shortage area as of April 1, 2007,
69 shall be allowed to practice under the on-site requirements stipulated by the
70 supervising physician on the supervising physician form that was in effect on
71 April 1, 2007.]

72 2. [The board shall promulgate rules under chapter 536 to direct the
73 advisory commission on physician assistants to establish a formal waiver
74 mechanism by which an individual physician-physician assistant team may apply
75 for alternate minimum amounts of on-site supervision and maximum distance
76 from the supervising physician. After review of an application for a waiver, the
77 advisory commission on physician assistants shall present its recommendation to
78 the board for its advice and consent on the approval or denial of the
79 application. The rule shall establish a process by which the public is invited to
80 comment on the application for a waiver, and shall specify that a waiver may only
81 be granted if a supervising physician and physician assistant demonstrate to the
82 board's satisfaction in accordance with its uniformly applied criteria that:

83 (1) Adequate supervision will be provided by the physician for the
84 physician assistant, given the physician assistant's training and experience and
85 the acuity of patient conditions normally treated in the clinical setting;

86 (2) **A supervision agreement shall limit** the physician assistant
87 **[shall be limited]** to practice **only** at locations **described in subdivision (8) of**
88 **subsection 1 of this section**, where the supervising physician is no further
89 than fifty miles by road using the most direct route available[, or in any other
90 fashion so distanced as to create] **and where the location is not so situated**
91 **as to create** an impediment to effective intervention and supervision of patient

92 care or adequate review of services[;

93 (3) The community or communities served by the supervising physician
94 and physician assistant would experience reduced access to health care services
95 in the absence of a waiver;

96 (4) The applicant will practice in an area designated at the time of
97 application as a health professional shortage area;

98 (5) Nothing in this section shall be construed to require a
99 physician-physician assistant team to increase their on-site requirement allowed
100 in their initial waiver in order to qualify for renewal of such waiver;

101 (6) If a waiver has been granted by the board of healing arts on or after
102 August 28, 2009, to]. **For** a physician-physician assistant team working in a
103 rural health clinic under the federal Rural Health Clinic Services Act, P.L.
104 95-210, as amended, no [additional waiver shall be required for the
105 physician-physician assistant team, so long as the rural health clinic maintains
106 its status as a rural health clinic under such federal act, and such
107 physician-physician assistant team comply with federal supervision
108 requirements. No] supervision requirements in addition to the minimum federal
109 law shall be required for the physician-physician assistant team in a rural health
110 clinic [if a waiver has been granted by the board. However, the board shall be
111 able to void a current waiver after conducting a hearing and upon a finding of
112 fact that the physician-physician assistant team has failed to comply with such
113 federal act or either member of the team has violated a provision of this chapter;
114 (7) A physician assistant shall only be required to seek a renewal of a
115 waiver every five years or when his or her supervising physician is a different
116 physician than the physician shown on the waiver application or they move their
117 primary practice location more than ten miles from the location shown on the
118 waiver application].

119 3. The scope of practice of a physician assistant shall consist only of the
120 following services and procedures:

121 (1) Taking patient histories;

122 (2) Performing physical examinations of a patient;

123 (3) Performing or assisting in the performance of routine office laboratory
124 and patient screening procedures;

125 (4) Performing routine therapeutic procedures;

126 (5) Recording diagnostic impressions and evaluating situations calling for
127 attention of a physician to institute treatment procedures;

128 (6) Instructing and counseling patients regarding mental and physical
129 health using procedures reviewed and approved by a licensed physician;

130 (7) Assisting the supervising physician in institutional settings, including
131 reviewing of treatment plans, ordering of tests and diagnostic laboratory and
132 radiological services, and ordering of therapies, using procedures reviewed and
133 approved by a licensed physician;

134 (8) Assisting in surgery;

135 (9) Performing such other tasks not prohibited by law under the
136 supervision of a licensed physician as the physician's assistant has been trained
137 and is proficient to perform;

138 (10) Physician assistants shall not perform abortions.

139 4. Physician assistants shall not prescribe nor dispense any drug,
140 medicine, device or therapy unless pursuant to a physician supervision agreement
141 in accordance with the law, nor prescribe lenses, prisms or contact lenses for the
142 aid, relief or correction of vision or the measurement of visual power or visual
143 efficiency of the human eye, nor administer or monitor general or regional block
144 anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing
145 and dispensing of drugs, medications, devices or therapies by a physician
146 assistant shall be pursuant to a physician assistant supervision agreement which
147 is specific to the clinical conditions treated by the supervising physician and the
148 physician assistant shall be subject to the following:

149 (1) A physician assistant shall only prescribe controlled substances in
150 accordance with section 334.747;

151 (2) The types of drugs, medications, devices or therapies prescribed or
152 dispensed by a physician assistant shall be consistent with the scopes of practice
153 of the physician assistant and the supervising physician;

154 (3) All prescriptions shall conform with state and federal laws and
155 regulations and shall include the name, address and telephone number of the
156 physician assistant [and the supervising physician];

157 (4) A physician assistant or advanced practice nurse as defined in section
158 335.016 may request, receive and sign for noncontrolled professional samples and
159 may distribute professional samples to patients;

160 (5) A physician assistant shall not prescribe any drugs, medicines, devices
161 or therapies the supervising physician is not qualified or authorized to prescribe;
162 and

163 (6) A physician assistant may only dispense starter doses of medication

164 to cover a period of time for seventy-two hours or less.

165 5. A physician assistant shall clearly identify himself or herself as a
166 physician assistant and shall not use or permit to be used in the physician
167 assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out
168 in any way to be a physician or surgeon. No physician assistant shall practice or
169 attempt to practice without physician supervision or in any location where the
170 supervising physician is not immediately available for consultation, assistance
171 and intervention, except as otherwise provided in this section, and in an
172 emergency situation, nor shall any physician assistant bill a patient
173 independently or directly for any services or procedure by the physician assistant.

174 6. For purposes of this section, the licensing of physician assistants shall
175 take place within processes established by the state board of registration for the
176 healing arts through rule and regulation. The board of healing arts is authorized
177 to establish rules pursuant to chapter 536 establishing licensing and renewal
178 procedures, supervision, supervision agreements, fees, and addressing such other
179 matters as are necessary to protect the public and discipline the profession. An
180 application for licensing may be denied or the license of a physician assistant may
181 be suspended or revoked by the board in the same manner and for violation of the
182 standards as set forth by section 334.100, or such other standards of conduct set
183 by the board by rule or regulation. Persons licensed pursuant to the provisions
184 of chapter 335 shall not be required to be licensed as physician assistants. All
185 applicants for physician assistant licensure who complete a physician assistant
186 training program after January 1, 2008, shall have a master's degree from a
187 physician assistant program.

188 7. "Physician assistant supervision agreement" means a written
189 agreement, jointly agreed-upon protocols or standing order between a supervising
190 physician and a physician assistant, which provides for the delegation of health
191 care services from a supervising physician to a physician assistant and the review
192 of such services. **The agreement shall contain at least the following**
193 **provisions:**

194 **(1) Complete names, home and business addresses, zip codes,**
195 **telephone numbers, and state license numbers of the supervising**
196 **physician and the physician assistant;**

197 **(2) A list of all offices or locations where the supervising**
198 **physician routinely provides patient care, and in which of such offices**
199 **or locations the supervising physician has authorized the physician**

200 assistant to practice;

201 (3) All specialty or board certifications of the supervising
202 physician;

203 (4) The manner of supervision between the supervising physician
204 and the physician assistant, including how the supervising physician
205 and the physician assistant shall:

206 (a) Attest on a form provided by the board that the physician
207 shall provide supervision appropriate to the physician assistant's
208 training and experience and that the physician assistant will not
209 practice beyond the scope of the physician assistant's training and
210 experience nor the supervising physician's capabilities and training;
211 and

212 (b) Provide coverage during absence, incapacity, infirmity, or
213 emergency by the supervising physician;

214 (5) The duration of the supervision agreement between the
215 supervising physician and physician assistant;

216 (6) A description of the time and manner of the supervising
217 physician's review of the physician assistant's delivery of health care
218 services. Such description shall include provisions that a supervising
219 physician, or a designated supervising physician listed in the
220 supervision agreement, review a minimum of ten percent of the charts
221 of the physician assistant's delivery of health care services every
222 fourteen days.

223 8. When a physician assistant supervision agreement is utilized to provide
224 health care services for conditions other than acute self-limited or well-defined
225 problems, the supervising physician or other physician designated in the
226 supervision agreement shall see the patient for evaluation and approve or
227 formulate the plan of treatment for new or significantly changed conditions as
228 soon as practical, but in no case more than two weeks after the patient has been
229 seen by the physician assistant.

230 9. At all times the physician is responsible for the oversight of the
231 activities of, and accepts responsibility for, health care services rendered by the
232 physician assistant.

233 10. It is the responsibility of the supervising physician to determine and
234 document the completion of at least a one-month period of time during which the
235 licensed physician assistant shall practice with a supervising physician

236 continuously present before practicing in a setting where a supervising physician
237 is not continuously present.

238 11. No contract or other agreement shall require a physician to act as a
239 supervising physician for a physician assistant against the physician's will. A
240 physician shall have the right to refuse to act as a supervising physician, without
241 penalty, for a particular physician assistant. No contract or other agreement
242 shall limit the supervising physician's ultimate authority over any protocols or
243 standing orders or in the delegation of the physician's authority to any physician
244 assistant, but this requirement shall not authorize a physician in implementing
245 such protocols, standing orders, or delegation to violate applicable standards for
246 safe medical practice established by hospital's medical staff.

247 12. Physician assistants shall file with the board a copy of their
248 supervising physician form.

249 13. No physician shall be designated to serve as supervising physician for
250 more than three full-time equivalent licensed physician assistants. This
251 limitation shall not apply to physician assistant agreements of hospital employees
252 providing inpatient care service in hospitals as defined in chapter 197.

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